

215024328
49519

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

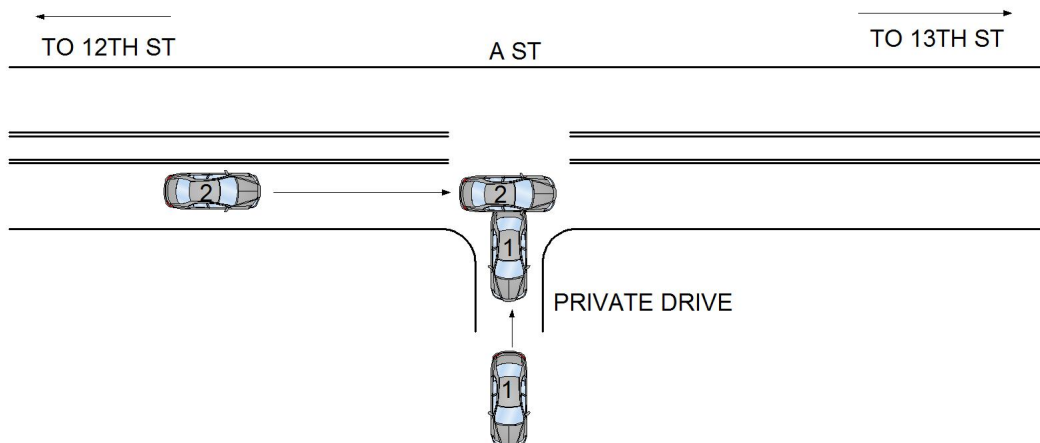
| | | | | | | | | | | |
|--|--|---|---|--|--|--|------------------|------------------|-------------|------------|
| 2 | Total Number of Vehicles | Local No./ District 94 | Agency Case No. B5-054185 | HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO | L 1 | | | | |
| A/1 01 | DATE OF ACCIDENT | M M / D D / Y Y Y Y S M T W T H F S 06/18/2015 | | TIME OF ACCIDENT 1505 | STATE USE ONLY | | | | | |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | POLICE NOTIFIED 1507 | 06/19/2015 | | | | | |
| B 76 | ROAD ON WHICH ACCIDENT OCCURRED | STREET/ HIGHWAY NO. A st | | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | LATITUDE | | | | | |
| C 1 | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | LONGITUDE | | | | | |
| D 1 | IF AT INTERSECTION | | | IF NOT AT INTERSECTION | | | | | | |
| NAME OF INTERSECTING ROADWAY | | | <input checked="" type="radio"/> FEET <input type="radio"/> MILES | N S E W | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING | | | | | |
| | | | 45.00 | X | S 12 | | | | | |
| V1/M 14 | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | | | | | |
| V2/M 01 | MILES | N S E W | AND MILES | N S E W | OF NEAREST CITY OR TOWN | | | | | |
| E 2 | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | | | | | |
| VEHICLE NO. 1 | | | | | | | | | | |
| F 1 | DRIVER LICENSE NO. | H13624175 | | STATE (Of License) | NE | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE | | | | |
| V1/N 1 | DRIVER | JAMES A SPENCER | | PHONE | 402-841-6138 | | | | | |
| V2/N 1 | DRIVER ADDRESS | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | 10/10/1997 | | | | | |
| G 2 | OWNER | JAMES A SPENCER | | PHONE | 402-570-0131 | | | | | |
| H 4 | OWNER ADDRESS | CITY, STATE, ZIP | | CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO | CITATION NO. LB452122 | | | | | |
| I 6 | LICENSE PLATE PA NO. | TMN844 | | YEAR (Plate Expires) | 2015 | STATE (Of Plate) NE | | | | |
| V1/O 1 | VEHICLE | YEAR | MAKE | MODEL | BODY STYLE | COLOR | | | | |
| V2/O 1 | VEHICLE ID NO. (VIN) | 1G1JC1247T7112395 | Chevrolet | CAVALIER | 2 door Sedan | white | | | | |
| TOWED TO | | | TOWED BY | INSURANCE COMPANY | ESTIMATED DAMAGE | | | | | |
| | | | | FARMERS MUTUAL | <input type="radio"/> TOALED \$ 800 | | | | | |
| VEHICLE NO. 2 | | | | | | | | | | |
| F 6 | DRIVER LICENSE NO. | H12227350 | | STATE (Of License) | NE | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE | | | | |
| V1/P 1 | DRIVER | MARIE-CLAIRE M KUEBLER | | PHONE | 402-314-4778 | | | | | |
| V2/P 1 | DRIVER ADDRESS | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | 05/16/1960 | | | | | |
| J 01 | OWNER | EDWARD J KUEBLER | | PHONE | 402-937-5399 | | | | | |
| K 01 | OWNER ADDRESS | CITY, STATE, ZIP | | CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO | CITATION NO. | | | | | |
| V1/Q 4 | LICENSE PLATE PA NO. | SES888 | | YEAR (Plate Expires) | 2016 | STATE (Of Plate) NE | | | | |
| V2/Q 4 | VEHICLE | YEAR | MAKE | MODEL | BODY STYLE | COLOR | | | | |
| V3/Q 01 | VEHICLE ID NO. (VIN) | 2G4WE567X51155546 | Buick | LACROSSE | 4 door Sedan | silver / chrome | | | | |
| TOWED TO | | | TOWED BY | INSURANCE COMPANY | ESTIMATED DAMAGE | | | | | |
| | | | | FARM BUREAU | <input type="radio"/> TOALED \$ 1500 | | | | | |
| TOWED TO | | | TOWED BY | POLICY NO. | 7815785 | | | | | |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | | | | | | | |
| VEH. # | NAME | ADDRESS | | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject | 3 Body Region | 4 Injury Sev. | 5 Trans. | SEX M F |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | | | | | |
| VEH. # | NAME | ADDRESS | | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject | 3 Body Region | 4 Injury Sev. | 5 Trans. | SEX M F |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | | | | | |
| VEH. # | NAME | ADDRESS | | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject | 3 Body Region | 4 Injury Sev. | 5 Trans. | SEX M F |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | | | | | |

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



POI est 45' E of E edge of
S 12th
8' N of S edge of
A st



Driver 2 states she was eastbound on A st bet 12th and 13th. Driver 2 states vehicle 1 backed out of a private drive onto A st and hit her. Driver 2 states she was unable to stop or avoid the accident. Driver 1 states he was backing out of a drive onto A st and didn't see Vehicle 2. Driver 1 states he kept backing out until he hit vehicle 2. Driver 1 cited for unsafe backing.

| | | | | | |
|-----------|----------------|------------|---------|---------|------------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| WITNESSES | NAME | | | ADDRESS | PHONE |
| | NAME | | | ADDRESS | PHONE |

| VEHICLE MOVEMENT BEFORE COLLISION | | | | | POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle) | | | | AIRBAG DEPLOYED VEHICLE 1 | | RESTRAINT USE VEHICLE 1 | | TOTAL OCCUPANTS | | VEH 1 | 1 | VEH 2 | 1 | | | |
|---|----|---|---|---|---|--|-------------------|--|---------------------------|--|-------------------------|----|-----------------|--|--|---|-------|---|--|------------------------------|--|
| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME | | | | | | | | | | | | | | | | |
| 1 | X | | | | A ST | | | | | | | | | | | | | | | | |
| 2 | | | X | | A ST | | | | | | | | | | | | | | | | |
| 1 | 02 | | | | 06 Turning left | | POINT OF IMPACT | | 05 | POINT OF IMPACT | | 03 | | | | | | | | | |
| 2 | 01 | | | | 08 Entering traffic lane | | MOST DAMAGED AREA | | 05 | MOST DAMAGED AREA | | 03 | | | | | | | | | |
| 01 Essentially straight ahead | | | | | 09 Leaving traffic lane | | | | | 00 None | | | | | 02 03 04 | | | | | | |
| 02 Backing | | | | | 10 Parked | | | | | 09 Top & windows | | | | | 01 05 | | | | | | |
| 03 Changing lanes | | | | | 11 Slowing or stopped in traffic | | | | | 10 Undercarriage | | | | | 08 07 06 | | | | | | |
| 04 Overtaking/ Passing | | | | | 12 Other | | | | | 11 Total (all areas) | | | | | | | | | | | |
| 05 Turning right | | | | | 13 Unknown | | | | | 12 Other | | | | | | | | | | | |
| OFFICER NO. 1259 | | | | | TROOP/ TEAM/ BEAT SW | | | | | DEPARTMENT Lincoln Police Department | | | | | Photographs taken? <input type="radio"/> YES <input checked="" type="radio"/> NO | | | | | | |
| INVESTIGATOR NAME (Print or Type) Benjamin Faz | | | | | | | | | | INVESTIGATOR SIGNATURE Approved by Officer Benjamin Faz | | | | | | | | | | DATE OF REPORT 06/19/2015 | |